

7-22-04

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<i>Annette Palladino</i>	(Depositor's name)
	(Signature)
	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/985,719	11/06/2001	Drew Allen		4301

TITLE OF INVENTION: COMPRESSION BONE STAPLE, APPARATUS AND METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	07/20/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
ROBERT, EDUARDO C	3732	606-075000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Drew Allen, DPM

San Jose, CA

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

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Issue Fee  
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A check in the amount of the fee(s) is enclosed.  
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(Date)

7/20/04

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01 FC:2501	665.00 DA
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